

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90028 006 \*\*\*150.00

08-02-2006 90001 038 \*\*\*408.75

**DOCUMENT # P04000110281**

1. Entity Name  
**FAMILY OUTLET HEARING AID CENTERS, INC.**



Principal Place of Business  
**6379 MANATEE AVENUE WEST  
BRADENTON, FL 34209**

Mailing Address  
**6379 MANATEE AVENUE WEST  
BRADENTON, FL 34209**

00000010



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-2234747</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THRONEBURG, GLORIA I  
6379 MANATEE AVENUE WEST  
BRADENTON, FL 34209**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and print if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>THRONEBURG, GLORIA I</b>
STREET ADDRESS	<b>6379 MANATEE AVENUE WEST</b>
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Gloria Throneburg President*  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-06**  
Date

**941-792-5400**  
Daytime Phone #

ATTACHMENT

July 10, 2006

Family Outlet Hearing Aid Centers Inc.  
6379 Manatee W  
Bradenton Fl 34209

50023813  
#A04000110281

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Dear Sirs:

Please accept this letter of explanation for the late response to the proper filling of the required report and fee.

I had terminated our accountant Denise Cabinallis & Associates in April 2006. I hired a new accountant Robert Montgomery to work on our accounts for our very small business. I am very sorry for the delay. I failed to communicate between the two accountants. But, thought that the annual report was filed and the fee was paid in April 2006. We are sure that our new accountant Mr. Montgomery will be better at keeping our small business updated on everything. We will not let this happen again.

I am sending in the 150.00 fees and request that you would abate the penalty for the late 2006 filing. Please notify us if this needs further attention to comply with our responsibility.

Please notify me. My phone number is 941-792-5400.

Sincerely,

 President  
Gloria Throneburg  
President